DMB-1681VTS

STATE OF MICHIGAN DEPARTMENT OF MANAGEMENT AND BUDGET VEHICLE AND TRAVEL SERVICES

DISTRIBUTION: White & Yellow - DMB-VTS Pink - Retain in Agency

TRAVEL EXPENSE EXCEPTION REQUEST

Travel Regula	NS: The followations. The forder 7.8B (Stand	m must have o	department app	roval prior to	being su	bmitted	to DMB	for final author	ization. PLEASE	ose ap NOTE	E: For prearranged in-sta	tate te	
meetings under 7.8B (Standardized Travel Regulations), advance approval must be received from DMB prior to this event. REASON FOR EXCEPTION: (Please Print or Type)													
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					LOI	OGI	١G						
☐ IN STATE				□ OUT OF S			STATE OU				JT OF COUNTRY		
DEPARTMENT	T AND AGENCY						LODGING DATES						
NOTE: NAME		l CTF	STREET ADDRESS OF HOTE			FROM:			то:				
HOTEL NAME	=		511	TEL ADDRES	oo UF MU	IEL							
CITY			STATE (Countr	y If Foreign)	ZIP	CODE	DAIL	Y HOTEL RATE	DAILY STATE I	RATE	NO. OF STATE EMPLOY	EES	
							\$		\$				
STATE EMPLO	OYEE NAME(S)	(Attach List If	Needed)										
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				GF	ROUF	ME	ALS	*					
*INDIVIDUA	AL MEAL EX	CEPTIONS A	RE USUALL	Y NOT GIV	EN.								
DEPARTMENT AND AGENCY NAME							DATE OF MEALS		LOCATIO	LOCATION (City & State)			
NO. OF	NO. OF AMOUNT		NO. OF AMOUNT				NO. OF	I			TOTAL STANDARD MEALS		
BREAKFASTS	PAID	STATE RATE	LUNCHES	PAID	STATE R	ATE	DINNER	S PAID	STATE RATE	ATE RATE RATE FOR THIS EXCEPTION		N	
										\$			
TOTAL NUMB	BER OF PERSO	NS IN GROUP			TOTAL AMOUNT OF MEALS IN EXCESS								
STATE EMPLOYEE NAME(S) (Attach List If Needed)								TOT INEXES IT					
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	OYEE NAME(S) (Attach List If				NAME	OF CON						
	OYEE NAME(S) (Attach List If	Needed)			NAME	OF CON	FERENCE					
DEF			THORIZ	ATION		NAME	OF CON	FERENCE SPO		ON	LY		
		ENT AU		ATION		NAME	OF COM	FERENCE SPO	NSOR	ON	LY DATE		
SUPERVISOF	PARTME	ENT AU	THORIZ	ATION		NAME NAME	OF COM	FERENCE SPO	NSOR	ON			
SUPERVISOF	PARTME	ENT AU	THORIZ	ATION		NAME NAME	OF COM OF RES	FERENCE SPO	NSOR	ON	DATE		